

MDR Tracking Number: M5-04-2501-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 04-12-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits with manipulation, hot/cold packs, electrical stimulation, mechanical traction, TWCC-73, therapeutic exercises, chiropractic manipulation and X-ray copies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 04-23-03 through 10-28-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 2<sup>nd</sup> day of August 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

July 26, 2004

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

Patient:  
TWCC #:  
MDR Tracking #: M5-04-2501-01  
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### CLINICAL HISTORY

This patient was working in his normal job when he slipped on some steps and landed in the pratfall position on his back an buttocks. He was referred to \_\_\_ and received physical therapy for a lumbar sprain/strain. The patient was dissatisfied with his treatment and changed to Dr. V and was started on a conservative treatment plan to include physical medicine and chiropractic adjustments. The patient also was eventually diagnosed with an umbilical hernia, for which records indicate that surgery was eventually pursued. A designated doctor's evaluation of June 19, 2003 indicated that the patient was found to be at MMI with 0% impairment. A memo from the treating doctor indicates that this report was later changed by the designated doctor due to some new information being presented to him. There was a peer review performed by Dr. S, who said that chiropractic treatments rendered were not necessary due to a lack of results from the treatment to that date and due to a lack of case management by the treating doctor. Records from the treating doctor indicate that the requestor believes the treatment was reasonable due to the Texas Labor Code, but Dr. S took exception to this statement by Dr. V. MRI was performed on this patient and it was noted to demonstrate a degenerative disc at the level of L3/4 which was described as mild by the radiologist, but an orthopedic surgeon, Dr. H, suggested the patient's pain was discogenic.

### DISPUTED SERVICES

Under dispute is the medical necessity of office visits with manipulation, hot/cold packs, electrical stimulation, mechanical traction, TWCC 73, therapeutic exercises, chiropractic manipulation and X-ray copies.

### DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

The records on this case do not indicate that there was a progress being made by the patient. The modalities utilized on this case were not appropriately documented in the SOAP notes and there is no indication from any credible source in this file that the treatment rendered was effective in

helping this patient get back to work. Certainly, the early treatment by Dr. V obviously was necessary, but at some point the treatment must be examined by the treating doctor for its necessity. Enormous amounts of ongoing care should have some form of rationale behind them, rather than a simple statement of the Texas Labor Code. Also, while there is reference to surgical intervention on this case, no records of the surgery or aftercare were presented in this file. The treatment on this case does not fit within existing guidelines and does not indicate efficient management of a case by the numerous providers on the case. As a result, the reviewer is unable to find medical necessity on the treatment rendered for this case.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,